Your claim form must be submitted online or postmarked by: DECEMBER 16, 2025

United States District Court
Northern District of Illinois

Rugg-Harrell v. TreeHouse Foods, Inc.
Case No. 1:24-cv-10992

Claim Form

TRH-CLAIM

CLAIM FORM INSTRUCTIONS

1. Complete this Claim Form if you are a member of the Settlement Class and wish to receive a Settlement Benefit in the *Rugg-Harrell v. TreeHouse Foods, Inc.* class action settlement.

2. The Settlement Class includes all natural persons who, between OCTOBER 18, 2024, and SEPTEMBER 2, 2025, purchased in the United States any Covered Product for personal, family or household use, and not for resale.

3. The full list of Covered Products is available on the Settlement Website, www.WaffleRecallSettlement.com.

4. You may submit a Claim Form online at www.WaffleRecallSettlement.com or by U.S. Mail to the following address: *TreeHouse Foods Settlement*, c/o Claim Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Please make sure to include the completed and signed Claim Form and all supporting materials in one envelope. **DEADLINE** -- Your claim must be submitted online no later than **December 16, 2025**. Claim Forms submitted by mail must be mailed to the Claim Administrator postmarked no later **December 16, 2025**.

5. You must complete the entire Claim Form. Please type or write your responses legibly.

6. Settlement Class Members who submit a Valid Claim are eligible to receive the benefits described below.

Documented Claims. Settlement Class Members who timely submit a valid Claim Form with valid Proof of Purchase of a Covered Product shall receive the full purchase price for each unit of Covered Product listed on the Proof of Purchase, inclusive of all taxes.

Undocumented Claims. Settlement Class Members who timely submit a valid Claim Form without Proof of Purchase of a Covered Product shall receive the average retail price for up to two (2) Covered Products claimed per Household.

If a Settlement Class Member or any person in that Settlement Class Member's Household previously received Recall Reimbursement from Defendant, as reflected on the Settlement Class Member's Claim Form or in the records of Defendant, the amount of that Settlement Class Member's payment shall be reduced by the amount of Recall Reimbursement that Settlement Class Member or Persons in that Settlement Class Member's Household have received (provided that the payment shall not be reduced below $0.00).

Each Settlement Class Members' payment shall be increased or decreased on a *pro rata* basis such that the total amount paid to all Settlement Class Members equals the Available Settlement Funds or $50, whichever is lower.

7. If your Claim Form is incomplete or missing information, the Claim Administrator may contact you for additional information. If you do not respond, the Claim Administrator will be unable to process your claim, and you will waive your right to receive money under the Settlement.

8. If a Settlement Class Member submits both a Claim Form and an exclusion request, the Claim Form shall take precedence and be considered valid and binding, and the exclusion request shall be deemed to have been sent by mistake and rejected.

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I. YOUR CONTACT INFORMATION AND MAILING ADDRESS

Provide your name and contact information below. You must notify the Claim Administrator if your contact information changes after you submit this form.

First Name	Last Name

Street Address

City	State	Zip Code

Email Address	Phone

II. INFORMATION ABOUT THE COVERED PRODUCTS PURCHASED

☐ **Check this box if you are enclosing Proof of Purchase for one or more Covered Products.**[1]

Provide the number of Covered Products for which you are providing Proof of Purchase: _____

Provide the total dollar amount, including taxes, for the Covered Products for which you are providing Proof of Purchase: $_____.

☐ **Check this box if you <u>do not</u> have Proof of Purchase of a Covered Product**.

If you do not have Proof of Purchase of a Covered Product, you may claim up to two (2) Covered Products per Household.[2] Complete the chart below for the Covered Products you are claiming.

No.	Name of Covered Product	Approximate Date of Purchase (MM/YYYY)	Location of Covered Products Purchased
1			
2			

[1] **Proof of Purchase** means an itemized retail sales receipt or other document or photo (including, but not limited to, a retail store club or loyalty card record) showing, at a minimum, the purchase of a Covered Product by submitting the claim form, the purchase price, and the date and place of the purchase.

[2] **Household** means a single dwelling unit, no matter the number of natural persons residing therein. Each Household may submit no more than one Documented Claim and one Undocumented Claim.

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☐ **Check this box if you previously received reimbursement from the Defendant as part of the Recall.**

Enter the amount you were previously reimbursed for a Covered Product: $_____

III. PAYMENT SELECTION

Please select **one** of the following payment options:*

☐ Venmo ☐ Zelle

Provide the email address or phone number associated with your Venmo or Zelle account:_____.

*If you want to request payment via check, please contact the Claim Administrator after the submission of your Claim Form.

IV. VERIFICATION AND ATTESTATION UNDER PENALTY OF PERJURY

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that: (1) I purchased one or more Covered Products between OCTOBER 18, 2024, and SEPTEMBER 2, 2025 for personal use and not for resale; (2) The information provided in this Claim Form, including supporting documentation, is true and correct to the best of my knowledge; (3) Neither myself nor any Person in my Household has previously received a refund for the claimed purchases, with the exception of any Recall Reimbursement provided by Defendant that I disclosed in Section II of this Claim Form; and (4) I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Claim Administrator before my claim is considered complete and valid.

_____	_____	_____
Signature	Printed Name	Date